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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO															
<p>I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).</p>															
<p>I hereby appoint:</p>															
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: OR <input type="checkbox"/> Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):		59554													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 25%;">Registration Number</td> <td style="width: 50%;">Name</td> <td style="width: 25%;">Registration Number</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Name	Registration Number	Name	Registration Number								
Name	Registration Number	Name	Registration Number												
<p>as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).</p>															
<p>Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:</p>															
<input checked="" type="checkbox"/> The address associated with Customer Number: OR <input type="checkbox"/> Firm or Individual Name		59554													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td>Email</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td colspan="2"> </td> </tr> </table>				Address				City	State	Zip	Email	Country	Telephone		
Address															
City	State	Zip	Email												
Country	Telephone														
<p>Assignee Name and Address: Alcan Rhenalu 7 Place du Chanceller Adenauer 75116 Paris FRANCE </p>															
<p>A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.</p>															
<p>SIGNATURE of Assignee of Record <small>The individual whose signature and title is supplied below is authorized to act on behalf of the assignee</small></p>															
Signature			Date 27/01/06												
Name	Bernadette Gemble		Telephone 33 4 72 83 43 24												
Title	Manager, Intellectual Property														

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